

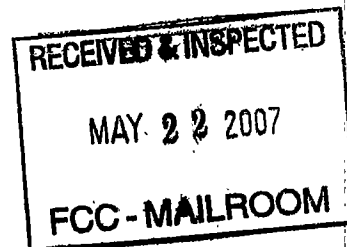
May 10, 2007

FCC
Office of the Secretary
445 12th Street SW
Washington, DC 20554

RE: CC Docket No. 02-6

Entity appealing:

Mullin ISD
BEN: 141172
PO Box 128
Mullin, Texas 76864
Fax: 325-985-3915
Phone: 325-985-3316
Email address: billp@misd.centex-edu.net



Decision appealed:

Funding Commitment Decision Letter for Funding Year 2006
Date of document: 04/26/2006
471 Application #: 495901
FRN: 1421893, 1421918, 1421925, 1421940

Additional Explanation:

Mullin ISD, small rural district serving 105 students PreK-12 grade, completes their E-rate applications in house using a district employee. The district employee uses the paper method to complete all required forms. The employee made a good faith effort to comply with the 28-day competitive bidding requirements. For example, Mullin ISD signed and submitted Form 470 on November 15, 2005 and being aware of the 28-day waiting period rule signed and submitted Form 471 on December 19, 2005, which was more than 28 days. It is clearly however, a clerical/ministerial error that the Mullin ISD employee did not take into account the lapse of time it takes USAC to post Form 470 and the 28 day waiting period to begin. As a result, their 2006 E-rate application was denied creating a financial hardship on the district.

Regarding FRN 1421893, 1421918, 1421925, & 1421940, Mullin ISD did not receive any vendor bids on the services requested by Mullin ISD for the 2006 funding year. To be more specific no bid was received by December 19, 2005 the day the Form 470 was signed and no bid was received on or before December 28, 2006, the allowable contract date per the USAC posting on the web.

No. of Copies rec'd _____
List ABCDE _____

USAC did contact the district giving them an opportunity to cite an alternate Form 470; however, no other Form 470 was the establishing Form 470 for these FRN's 1421893, 1421918, 1421925, & 1421940. As a result, these FRN's were denied funding.

When Mullin ISD received their E-rate denial letter, they decided to hire a E-rate consultant to assist them in filing future applications to ensure that all rules and guidelines are adhered so clerical/ministerial errors do not occur again.

It is not the intent of Mullin ISD, a small rural school of 105 students to misuse funds; but to use the funds appropriately to receive discounts on Telecommunications and Internet Services. This is merely a situation where the school made a clerical/ministerial error and as a result, will suffer financial hardships.

Considering that Mullin ISD has shown a good faith effort to comply with the 28 day waiting period, as documented with attached signature pages, this is not a case of waste, fraud or abuse but clearly a clerical/ministerial error.

Mullin ISD respectfully is requesting the FCC to consider all information and determine that the clerical mistake of Mullin ISD does not warrant the complete rejection of their application for funding

Questions concerning this request can be directed to Bill Presley at 325-985-3316.

Sincerely,

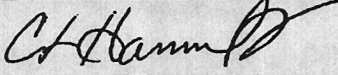
A handwritten signature in black ink, appearing to read 'C.L. Hammond', with a stylized flourish at the end.

C.L. Hammond
Superintendent

Attachments:

Form 470 Signature Page along with dated United States Postal Receipts & Documents
Form 471 Signature Page along with dated United State Postal Receipts & Documents

Do not write in this area.

Entity Number	<u>141172</u>	Applicant's Form Identifier	<u>470 2006</u>
Contact Person	<u>BILL PRESLEY</u>	Contact Telephone Number	<u>(325) 985-3374</u>
Block 5: Certification and Signature (Continued)			
27	Signature of authorized person 	28	Date <u>11/15/2006</u>
29	Printed name of authorized person <u>WILLIAM A. HAMM</u>		
30	Title or position of authorized person <u>SUPV. OF BIDDING</u>		
31a	Street Address, P.O. Box, or Route Number <u>2000 W. 10th St.</u> <u>PO Box 1000</u>		
	City <u>WALLACE</u>		
	State <u>LA</u>		
	Zip Code <u>70204</u>		
31b	Telephone number of authorized person <u>325 985 3374</u>	Ext.	<u>325 985 3374</u>
31d	E-mail address of authorized person <u>WILLIAM.A.HAMM@SLD.COM</u>		
31e	Name of authorized person's employer <u>UNIVERSAL SERVICE OF AMERICA</u>		
<p>Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the SLD web site at www.sl.universalservice.org or call the SLD Client Service Bureau at 1-888-203-8100.</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>GOVT SECTIONS</p> <p>X MAIL AGENT <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>SLD FORMS ATTN: SLD FORM 470 3833 GREENWAY DR. LAWRENCE, KANSAS 66046</p>		<p>B. Received by (Print Name) NOV 28 2005</p>	<p>C. Date of Delivery</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11
<p>Sent to SLD FORMS ATTN: SLD FORM 470 Street, Apt. No., or PO Box No. 3833 GREENWAY DR. City, State, ZIP+4[®] LAWRENCE, KANSAS 66046</p>	

MULLIN, TX 76864

Postmark
NOV 15 2005

USPS

PS Form 3800, June 2002

See Reverse for Instructions

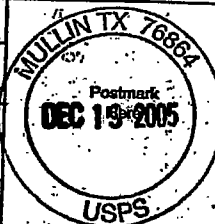
Entity Number 141172 Applicant's Form Identifier 471-2006
 Contact Person BILL PRESLEY Phone Number (325) 985-3374

- 31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
- 34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible components as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1), (2).
- 36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- 37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38	Signature of authorized person <u>Bill Presley</u>		39	Date <u>12/19/2005</u>
40	Printed name of authorized person <u>BILL PRESLEY</u>			
41	Title or position of authorized person <u>BUSINESS MANAGER</u>			
42a	Street Address, P.O. Box, or Route Number <u>1500 W. BROAD ST. DALLAS TX 75201</u>			
	City <u>DALLAS TX</u>			
	State <u>TX</u>		Zip Code <u>75201</u>	
42b	Telephone number of authorized person <u>325 985 3374</u>		Ext <u>1111</u>	42c Fax number of authorized person <u>325 985 3328</u>
42d	E-mail address of authorized person <u>BILL.PRESLEY@DALLASCOUNTYTX.GOV</u>			
42e	Name of authorized person's employer <u>DALLAS COUNTY TEXAS</u>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>PEARSON GOVT SOLUTIONS</p> <p>X MAIL AGENT <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>Article Addressed to:</p> <p>SLD FORMS</p> <p>ATTN: SLD FORM 471</p> <p>3833 GREENWAY DRIVE</p> <p>LAWRENCE, KANSAS 66044</p>		<p>B. Received by (Printed Name)</p> <p>DEC 27 2005</p>	<p>C. Date of Delivery</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>	

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CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 2.67
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.72
<p>Sent To: SLD FORMS 471</p> <p>Street, Apt. No., or PO Box No.: 3833 GREENWAY DRIVE</p> <p>City, State, ZIP+4: LAWRENCE KANSAS 66044</p>	
<p>PS Form 3800, June 2002</p> <p>See Reverse for Instructions</p>	



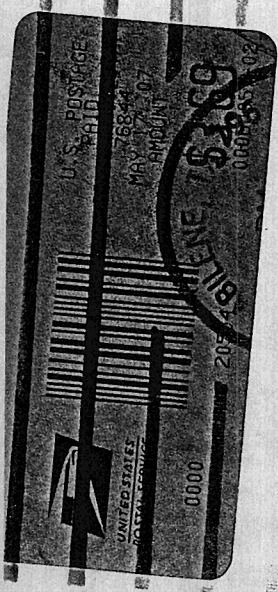
7002 2410 0006 2747 9276

76894



7004 1350 0003 4404 3873

P.M.
MAY 17
2007



FCC
Office of the Secretary
445 12th Street SW
Washington, DC 20554

DEAD

RECEIVED & INSPECTED
MAY 22 2007
FCC - MAILROOM

Route
TW-8204
Delivery Point
T1 na
09/22/07
11:10:28
SR#
Peggy Y
7004135000344043873
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